

B6F (Official Form 6F) (12/07)

In re **LA Mesa Racing, LLC**Case No. **07-17069**

Debtor(s)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS - AMENDED**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding unsecured claims without priority against the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns).

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D , W I F E , J O I N T , O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
ACCOUNT NO.							
<b>Altel One Allied Drive Building 4, Second Floor Little Rock, AR 72202</b>		<b>N A</b>		<b>X</b>	<b>X</b>		<b>350.00</b>
ACCOUNT NO.							
<b>Cable &amp; Wireless 46020 Manekin Plaza Sterling, VA 20166</b>		<b>N A</b>		<b>X</b>	<b>X</b>		<b>359.22</b>
ACCOUNT NO.							
<b>Casino del Caribe 367 George Washington Avenue Santo Domingo, Dominican Republic</b>		<b>N A</b>					<b>161,904.31</b>

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(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
<b>Culver, Billie 829 South 5th Street Raton, NM 87740</b>		<b>N A</b>		<b>X</b>	<b>X</b>		<b>1,500.00</b>
ACCOUNT NO.							
<b>ILE Telecommunications 8401 Datapoint Drive Suite 100 San Antonio, TX 78229</b>		<b>N A</b>		<b>X</b>	<b>X</b>		<b>950.01</b>
ACCOUNT NO.							
<b>John Marrow Estate c/o Linda Marrow P.O. Box 10 Capulin, NM 88414</b>		<b>N A</b>		<b>X</b>	<b>X</b>		<b>2,500.00</b>
ACCOUNT NO.							
<b>John Rovedo, CPA 6817 Southpoint Parkway Suite 801 Jacksonville, FL 32216</b>		<b>N A</b>		<b>X</b>	<b>X</b>		<b>250.00</b>
ACCOUNT NO.							
<b>Quest P.O. box 29060 Phoenix, AZ 85038</b>		<b>N A</b>		<b>X</b>	<b>X</b>		<b>201.59</b>
ACCOUNT NO.							
<b>Siskind, William 3504 Old Court Road Pikesville, MD 21208</b>		<b>N A</b>		<b>X</b>	<b>X</b>		<b>5,700.00</b>

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(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	C O D E B T O R	H W J C	Husband, Wife, Joint , or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
ACCOUNT NO.							
<b>Transamerican Financial 1 North Charles Street Suite 2301 Baltimore, MD 21201</b>		<b>N A</b>		<b>X</b>	<b>X</b>		<b>3,256.38</b>
Total (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							<b>176,971.51</b>